

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

OTAL PAGES IN ENTIRE CEA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?  Yes	⊠ No	avoivence BA just a de B	10	agibly IN BLACK INK
	COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization		PARTIE TO THE PARTY OF		
Committee to Elect Paul Felix	BC reported on 11 ETB	R STATEWI		
Acronym or Abbreviated Name (if any)	d miles for REAL	3. Committ	ee Telephone Number	
at the beginning of any later reporting particular	nan as terroris off	( 317	) 366-8810	
Mailing Address (address where all campaign finance co     P.O. Box 3388	prrespondence is received)	Check if this is	a new address	this manustran appearation that
5. City, State, ZIP Code Carmel, IN 46082-3388	on for more and mutual as	6. Party Aff	iliation (if applicable) Rep	publican
CANDIDATE IN	FORMATION (For Candidate's			ALEST COLUMN
7. Full Name of Candidate (include any nickname) Paul Arthur Felix	m bloode sprogered - Vinter Scrool		iliation or If Independent	Candidate
Office Sought (Include district number, if any. Not require     Judge of the Hamilton County Circuit Court	red for exploratory committee.)	10. County	of Residence Hamilton	TOTAL PAGES: Enter Including any attached
TYPE OF	REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:	regardiess of the		Check one:	ONINDIDATED ONET
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐	Other	s it appears on it. Check box i	Pre-Conver	ntion
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utg	oing Treasurer (within 10 days amend Statement	of Organization)	☐ Post-Conve	ention
12. Reporting Period:	W-PAL ITEM 15c: Enter	от окилтрво	COLUMN A	COLUMN B
From: October 10, 2008	Through: December 31, 2008	ns political	This Period	Year to Date
13. Cash on hand and investments at the beginning of this	reporting period.	(nedmun eno	\$2,187.84	
14. Cash on hand and investments January 1, current year		itse, Alf go		\$581.15
CONTRIBUTIONS AND	Children St. Company of the Company			
(Note: these amounts include in-kind contributions and loar	ns, as well as cash contributions.)	1.53		200 705 00
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15c. Add lines 15a and 15b in both columns	Plot no hadmail	TOTAL	0	\$9,414.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c	ALCOHOL MARKET AND	The second second	0	\$36,119.00
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17b. Unitemized	remarks and the behalfs to	olivi end idealis na si elaborneo	0	\$32,948.50 \$1,563.81
17c. Add lines 17a and 17b in both columns	SUI	BTOTAL	0	\$34,512.31
18. Cash on hand and investments at close of this reporting period (	some and enler une commerce	TOTAL	\$2,187.84	\$2,187.84
September and a control of the september and	subtract Tre from To In both columns)	TOTAL	a boso gracewood Tung at the	2
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20. Debts OWED TO the committee (use Schedule E)	the series had been a summal size of	Co tufferes from	\$0	COLUMN TO SERVE
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Signature on File	MY KNOWLEDGE AND BELIEF IT IS		2000	The same of
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or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly who fails to file a complete or accurate report as required by the Indiana hay be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	_2	of	10	7

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Misc. (specify)	contributor's name	hen entering a r	MPORTANT: V
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Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Misc. (specify)			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	_5	of	10	=

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page	9	of	10	bbs	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT	INCURRED		
Nicki S. Felix 1349 Helford Lane		\$5,100.00	05/19/2008	\$0	\$5,100.00
Carmel, IN 46032	section by another unity For	Cash loan	KAME AND I	OR VENDOR'S	STABBROOKS STABBROOKS
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LENDER'S OCCUPATION:	nort description of the type of de	a detuper entit des	x , hadde	EBT: Enlar the long role open	Birnord Tred
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LENDER'S OCCUPATION:	-				
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LENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE (	OF SCHEDULE D	\$5,100.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$5,100.00	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					
tsol era	gnisola	alb or n	oddibos r		
Page _	10	of	10		

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
ddress of the person to	the full name and mailing a reporting period	ADDRESS: Enter in a toen within the	ND MAIL ING		SORROWER
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ned to another person.	ring committee initially loan	amount the repu	ter the p inci	HE : THUOMITE	ORIGINAL A
nmittee. This requires a	illected by the reporting core, such as a "loan."	of the debt to be of ed to the committe	er the na ura	DEBT: Enti	VATURE OF
credit was made by the	and year that initial loan of	er the month, day	URRED En	BATION IND	DATE OBLI
ne committee on a debt	eunt of principal repaid to				(TAJUMU:
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